


How to Work Effectively with an Interpreter

Alejandra Reyes, Service Coordinator
Bridges for Families-Birth to 3


From the Cross Cultural Health Care Program "Bridging the Gap"



ROLES OF THE INTERPRETER


The basic purpose of the interpreter is to facilitate understanding and communication between people who are speaking different languages.

- * **Facilitation** = implies that the interpreter may have an active, rather than passive, role to play.
- * **Understanding** = implies that the goal of the interpreter goes beyond simply repeating words to being reasonably sure that the message was understood.
- * **Communication** = emphasize that the interpreter cannot facilitate understanding on **all** levels but rather must focus on an understanding of what was said.
- * **Speaking** = reference to the fact that interpreters deal with spoken language; those who render written messages from one language to another are called translators



Barriers to communication

- * 1) **Linguistic barriers:** differences in spoken language
- * 2) **Conceptual Barriers:** some therapists use very complex language which might be understood by someone with an advanced education but not by someone with limited formal education.
- * 3) **Cultural barriers:** differences in culture that lead to dissimilar expectations of behavior that affect both the meaning of the communication and the quality of care.




How does an interpreter decide which role to adopt?

- * Interpreter must be able to flow from role to role
- * The most appropriate role for the interpreter is the least invasive role




A Medical Interpreter Code of Ethics

- * 1. Confidentiality
- * 2. Accuracy
- * 3. Impartiality
- * 4. Respect
- * 5. Conveying Cultural Frameworks
- * 6. Compensation
- * 7. Professionalism




Modes of Interpreting

- * Consecutive interpreting
- * Simultaneous interpreting
- * Sight translation
- * Summarization



When to intervene?

- 1) When anyone uses language that she does not understand
- * 2) When she suspects, due to non-verbal cues, that the family doesn't understand what the provider is saying
- 3) When the provider has said something that is offensive in the family's culture
- 4) When anyone uses a term that must be explained or put in a cultural context to be understood
- * 5) When a cultural difference is causing a misunderstanding
- * 6) When any individual is not pausing to let the interpreter interpret, or if the interpreter needs any individual to repeat




Managing the Flow of the Session

* Pre-Session

Before the session starts, it is important for you to establish the beginning of trust by introducing yourself to the interpreter. A pre-session not only helps build trust, it can give you the opportunity to establish yourself as a professional and explain how the interpretation will work.


When the interpreter arrives, you should also introduce yourself to her, letting her know that you are the therapist or service coordinator, giving your name, and a reminder that you expect her to interpret everything that is said, exactly as it is said. You might also include a reminder to yourself to speak directly to the family and to pause frequently to let her interpret, and you might tell her if you have any particular concerns or expectations, e.g.:

"I am I will be Juan's therapist. Before we start, there are a few things that would help me do a better job. First interpret everything I say exactly as I say it. If during my instructions I don't point or use any gestures, don't use any gestures or pointing. Please tell me every word or sound that the child is saying or making. I will try to pause often when I speak so that you can interpret accurately."




Positioning

- * Different ways
- * We suggest that the interpreter sit beside the family and a bit behind, in order to encourage the patient to speak directly to the provider and to give the patient a sense that she is being supported
- * Eyes = In the dominant culture, people tend to look at the person to whom they are talking, while the listener's eye contact tells the speaker that he is being listened to. You can be effective in getting an interpreter to talk to the family by looking at the family, not at you, while the interpreter talks. By looking down and avoiding eye contact altogether, the interpreter can "remove" herself by discouraging either party from talking to her.



Difficult Situations That Affect the Flow

- * Non-verbal communication
- * Family members' input
- * Discussion among therapists
- * Interpreter starts chatting with the therapist in front of family
- * The family refuses the services of the interpreter




Cultural Bumps

- * People from different cultures may interpret and react to the same thing in different ways, due to cultural differences. For example, 2 friends, Kurt and Elizabeth, agree to meet for lunch at a restaurant at 12:00. At noon, Kurt arrives, but after half an hour, Elizabeth is still not there. Why is Elizabeth late? People from different cultures might interpret this in different ways and give Kurt different advice about what is appropriate behavior:
 1. Elizabeth probably got held up in traffic.
 2. Elizabeth is extremely rude and should have called.
 3. Elizabeth could not have lunch in public with a man to whom she was not married.
 4. Lunch isn't until 2:00, so she'll probably come a little late.
 5. Elizabeth isn't even late- it's only been...



Working effectively through an interpreter

- * ☞ Use qualified interpreters
 - * A professional, qualified medical interpreter is the most basic requirement for a successful interpreted encounter. A qualified interpreter knows his/her role, limitations, and responsibilities.
- * ☞ Do not depend on children, relatives or friends to interpret
 - * Children must not be used as interpreters: they should not have to assume the task of interpreting. Relatives & friends are not neutral: they have their own opinion about the care that the patient is receiving and therefore make very poor interpreters. It takes more than being bilingual to be a good interpreter.
- * ☞ Have a brief pre-interview meeting with the interpreter
 - * Whenever possible, conduct a pre-session by introducing yourself to the interpreter and giving the interpreter key background information
- * ☞ Speak directly to the patient, not the interpreter



Working effectively through an interpreter


- ☞ Speak at an even pace in relatively short segments**

Speak in your normal voice (not louder or slower!). Speak for a short time (one longer sentence or 3 or 4 short ones) and then stop at a natural place to let the interpreter interpret. Avoid complicated sentence structures and changing your thought in the middle of the sentence.
- ☞ Do not hold the interpreter responsible for what the patient does or does not say**

The interpreter is the medium, not the source of the message
- ☞ Avoid jargon or technical terms**

Avoid idioms, technical words and cultural references that the patient may not understand. Be aware that many concepts you express have no linguistic equivalent in other languages. The interpreter may have to use explanatory phrases; this may take longer than the original speech
- ☞ During the encounter, do not say anything that you do not want the patient to hear**

Expect that everything you say will be interpreted.



Working effectively with an interpreter

- ☞ Avoid patronizing the patient**

A lack of English is not a reflection of low cognitive function
- ☞ Encourage the interpreter to alert you about potential cultural misunderstandings**
- ☞ Be patient**

Providing care across a language barrier takes time. However, by communicating clearly you will develop a good rapport and will avoid dangerous misunderstandings.
